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## **COVER LETTER**

TO:

Registration Section

Division of Corporations	
SUBJECT: Flawless Finish Pre	SSURE WAShing LLC Liability Company
The enclosed Articles of Amendment and fee(s) are submitt	ed for filing.
Please return all correspondence concerning this matter to the	ne following:
Caitlyn	Vaught Name of Person
Self	Firm/Company
7833 Mcelvy	Address
Panama City	Beach, FL 32408  City/State and Zip Code
Flawlessfinis	of floridae gmail. com  c used for future annual report notification)
For further information concerning this matter, please call:	
Caitlyn Vaught	at (850 ) 481-347 0 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Flawless Fir	11sh pressure	Washina L	I.C
(Name of th	e Limited Liability Compar (A Florida Limited L	ny as it now appears on o	ur records.)

The Articles of Organization for this Limited Liability Company w	vere filed on FEDY UQYY 73, 2023 and assigned
Florida document number <u>L23 00090907</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ity company here:
	·*. 2
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	08 19
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amonding the registered agent and/or registered affice ad	Idama on our manado anton the game of the man maintain
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	doress on our records, enter the name of the new registers
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	. Florida
<del></del>	City Ztp Code

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jeffrey Timbs	7833 Mcelvey Rd	
		P.C.B, FL 32407	□Remove
			□ Change
			□Add
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an effective date is fote: If the date	fother than the da listed, the date must be inserted in this block ive date on the Depa	specific and cannot be does not meet the	annucante stanto	ing or more than 90 ory filing requirem	(optional) days after filing.) Pursu ents, this date will n	ant to 605.0207 ot be listed as
record specifies a is filed.	a delayed effective da	ate, but not an effec	ctive time, at 12:0	I a.m. on the earli	er of: (b) The 90th	day after the
	13	. 207	<u> 14</u>			
ated May						
ated May	Sign	nature of a member o	r authorized repres	entative of a membe	г	